



Secretary of State  
Office of Professional Regulation

**PHARMACY**  
**Statement of Contact Person Manufacturer or Wholesale Pharmacy**

Name under which the business entity will conduct business, register licensees, and advertise in Vermont.	
Address of wholesaler	

Print your name as contact person for this facility	
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Contact person's date of birth	
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Home Phone:		E-Mail:	
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Mailing Address of parent company if different:	P.O. Box	
	Street/Apt #	
	City/State/Zip	
	Country	

I certify that I am the contact person for this facility and that I have read and understand the Vermont statutes and rules relating to a wholesalers, manufacturers or re-packagers.

**Statement of Applicant**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)	
Signature of Contact Person	Date



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**PHARMACY**  
**Affirmation Manufacturer or Wholesale Pharmacy**

Name under which the business entity will conduct business, register licensees, and advertise in Vermont.			
<b>Your Name</b>			
Your Address City, State, Zip			
Date of Birth		Email Address	
____ Sole Proprietor	____ Partner	____ Corporate Officer	
____ Director	____ Contact Person	____ Other	

The Board's Rules require an Affirmation by the sole proprietor, all partners, members, or corporate officers and directors, and the contact person, that they have not been convicted of, and are not under indictment for, any felony or misdemeanor arising from the violation of any drug or pharmacy related law.

**Answer the questions below. If "Yes," provide documentation.**

Have you been convicted of, or under indictment for, any felony or misdemeanor arising from the violation of any drug or pharmacy related law? <b>If "Yes," attach court documents.</b>	Yes	No
Has Vermont, any other state, territory, or other jurisdiction restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <b>If "Yes," provide a certified copy of the action.</b>	Yes	No
Has Vermont, any other state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? <b>If "Yes," provide a certified copy of the order or official notification of the Board action.</b>	Yes	No

**CERTIFICATION OF APPLICANT**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine.) (13 V.S.A. §2901)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_ }ss.

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

Commission Expires: \_\_\_\_\_